

Online Data Entry System User Manual Arkansas Department of Health July 1, 2011 For More Information, contact:
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Acknowledgements

Putting together a project of this magnitude could not have been accomplished without the combined efforts of staff members from both the BreastCare and Information Technology (IT) teams. Effective July 1, 2011, a new and improved version will be implemented which includes:

- Online client eligibility and enrollment for Local Health Units (LHU)
- Online client eligibility and enrollment and client data entry for Community Health Centers (CHC), Area Health Education Centers (AHEC), and Primary Care Providers (PCP).
- Online provider enrollment

Thanks to all of the IT and BreastCare staff for their hard work on this project which began in 2006.

Introduction

This document is used to familiarize the user with the Arkansas Department of Health's (ADH) Common Customer System and how to use the BreastCare Online Data Entry System. This system is a module of the ADH Common Customer Database and is used for client eligibility assessment and enrollment and to house and maintain BreastCare client data. Data is entered at the provider level.

The system benefits BreastCare providers in many ways such as:

- Elimination of the need to complete data forms
- Elimination of the need to fax forms to the Central Office for processing
- Improved patient tracking and follow-up
- Readily accessible, accurate data at your fingertips

Scope

BreastCare is a program operated by ADH that provides free breast and cervical cancer screening, diagnosis, and treatment services to qualified Arkansas women. This program is funded by the State and Federal Governments to encourage more women to obtain screening so that cancer can be identified in the earliest possible stage. Public and provider information can be found at http://healthy.arkansas.gov, Programs and Services, BreastCare.

ADH utilizes an in-house BreastCare system web application that manages eligibility and enrollment, collects clinical information, and monitors tracking and follow-up of the patient's treatment plan. The purpose of this project is to allow ADH and non-ADH providers the capability to enroll women into the program and access BreastCare data without a third party facilitator. The BreastCare Patient Management System meets the following system functions, features and requirements:

- Automated provider enrollment process
- Automated patient eligibility determination
- Patient data entry by providers
- Pre-set quota for patient enrollment per provider
- Billing data for the billing contractor to reimburse providers
- Biennial reports for CDC

See BreastCare Provider Manual for specific policies and procedures for patient management online at http://healthy.arkansas.gov.

Slot Allocation

Available slots are determined based on the number of women projected to be screened by funding sources (state, federal, and Komen). Numbers may increase or decrease depending on the availability of funding. BreastCare staff manages the slots by reviewing them at least three times weekly.

Appointments are distributed to LHUs by region on a monthly basis. Slots are equally distributed to CHC, AHEC, and Primary Care Providers on a monthly basis. Slots can moved from one provider to another based on utilization. Additional slots may be requested by calling the BreastCare program at 501-280-4117.

Program Eligibility Requirements

Patients may be eligible for a free mammogram and Pap test or other follow-up procedures through the BreastCare program if they meet specific requirements:

- Age 40 or older
- Uninsured or non-credible insurance
- Income at or below 200% of the Federal Poverty Level (FPL)
- Arkansas resident

Credible insurance is coverage for comprehensive outpatient, inpatient coverage and physician services. Medicare Part A and B and Medicaid are credible health insurances. If a patient does not have Medicare Part B, she is eligible for BreastCare. Exception: Family planning Medicaid Waiver and Tuberculosis Medicaid are not credible insurances. Even though Pregnancy Medicaid is not credible, it makes a patient ineligible for BreastCare.

Disease specific policies such as cancer policies or long term care policies are not credible insurances.

Household income is defined as income for everyone in the household who works excluding high school or college students' income. Verification of income is not required.

General Usage Hints

The following tips are offered to help alleviate some of the usage problems and help avoid some of the system pitfalls and potential problems that can trip up even an experienced computer user.

The system is web based and uses a web browser to navigate the various screens. It is assumed that the user knows about web browsers and particularly the back button located in the upper left hand corner of the screen.



Do not use the "Back" button in explorer! Using the "Back" button can cause a great deal of confusion and unintended results. Updated information may not be saved if the back button is used and it may cause duplicate records. Use only the links provided within the system's pages to navigate within the system.

The system has a number of checks that prompts the user if information is entered incorrectly. If the user encounters an instance in which an unexpected screen appears, text with red lettering and fields marked with red asterisks (*) will display. The red text indicates the problem and the red asterisks show where those problems are. The red warning text is displayed at the top of any page in which it appears.

The Common Customer portion of the system has an automatic time-out feature that automatically closes the user's session if that session remains idle for too long. Since the Common Customer Database is separate from the BreastCare Module, the user will encounter this feature in action when the following prompt is received:



When selecting from a drop-down list, it is not necessary to scroll through the entire list to get to the desired entry. The user can type the first letter of the item, and the cursor advances to the first entry with that letter. For example, typing "p" in the Location field advances the cursor to the first location beginning with the letter P. The location and provider lists are quite long and this can save time locating the desired location or provider.

Do not enter dashes or slashes to separate the numbers in dates or phone numbers. The system fills the slashes automatically. Enter the dates as a string of 8 numbers, i.e., 04012005.

Make sure the pop-up blocker is turned off. If it is on, it may block information that you need.

CHC, AHEC, and Primary Care Providers

Logging On

BreastCare providers must have an executed contract, an e-mail address, and a valid password to access the system. Follow the procedure below to set up your password and login for the BreastCare Online Data System **after your contract is approved:** Contact provider enrollment at 501-661-2836 for assistance with logging on.

- 1. Login to https://health.arkansas.gov/adhinternetapps.
- Enter the e-mail address that you provided for each clinic on your agreement. Each clinic must request access to the BreastCare system. See Figure 1 below.
- 3. Click on "request access".
- 4. You will receive an e-mail from BreastCare with a link. Click on the link to set up your password.
- 5. Enter a password of your choice. Enter it a second time to confirm.
- 6. A BreastCare button will appear in the gold menu on the left. See Figure 2 below.

Patient Search

- After a successful login, click on the BreastCare button on the left gold menu. A
 "Search for a Patient" screen will display. The system determines the
 agreement provider's name based on the e-mail address and displays the
 group's name in italics. See Figure 3 below.
- 2. Use the dropdown box "Performing Provider" to select the individual provider within the group. The provider's name and associated patients display. A provider can only see his/her patients' names. See Figure 4 below.
- 3. If the same e-mail has been used for more than one clinic, all the clinics are listed and you will select the appropriate clinic to see the patient names.
- 4. A performing provider's name that is not linked to a group is automatically selected and those patients are displayed without the provider having to select from the "Performing Provider" dropdown box. See Figure 5 below.
- 5. Click on the patient's name.
- 6. If the correct patient is not listed, click "Search for a Patient"
 This automatically adds this patient to the system. See Figure 6 below.
- 7. This screen allows a provider to search by the patient's BreastCare number. If there is a match in the database for that patient, the patient information displays. If there is no match, a "search again" message displays. See Figure 7 below. If the search is by name and date of birth, three scenarios can occur:

- A single match is found and may need to be updated
- No match is found and a new record needs to be added.
- More than one match on first name, last name, and birthdate are found in the system. See "Merging" on page 15.

Navigation Bars

There are three screens where links or buttons exist to allow navigation between pages.

- 1. The Patient Consent screen is the first screen to display after finding the correct patient. Click "yes" if the patient gives her consent to release her medical information to the current provider. Use the "Back to Search" link to return to the patient search. See Figure 8 below.
- 2. The Patient Information screen is next to display. If this is a new patient, complete all the missing demographic information. Use the "Return to Search" link to go back to search for a patient from this page. See Figure 9 below.
- 3. Continue through the screens to enroll a patient. On the Patient Management page, use the "Patient Information" button on right of the screen to take you back to the Patient Information page. See Figure 10 below.

Print Screens

Log in to ADH Internet Applications

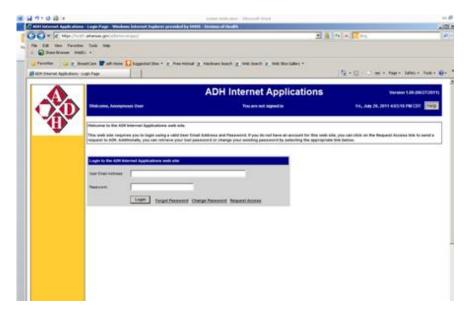


Figure 1

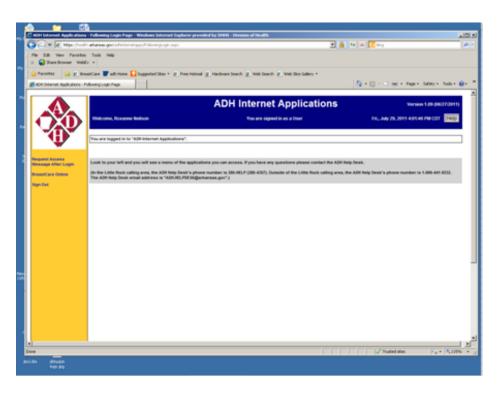


Figure 2

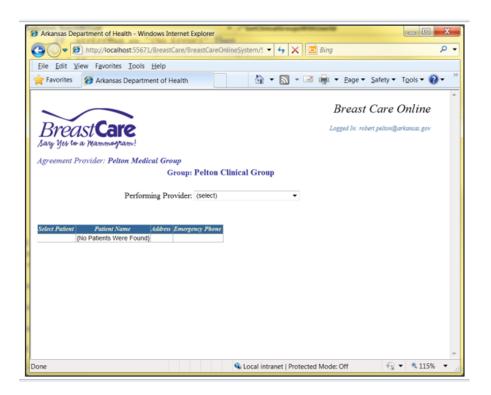


Figure 3

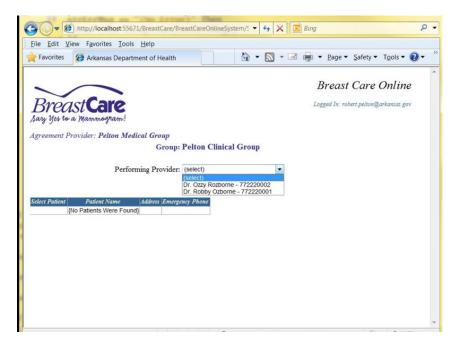


Figure 4

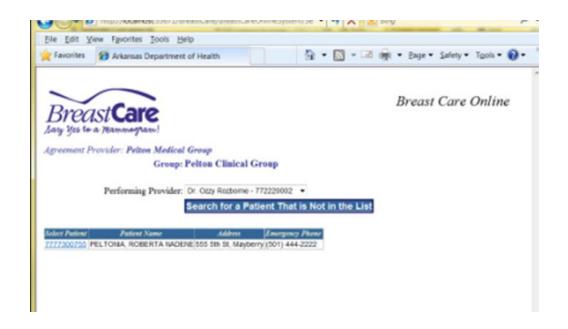


Figure 5

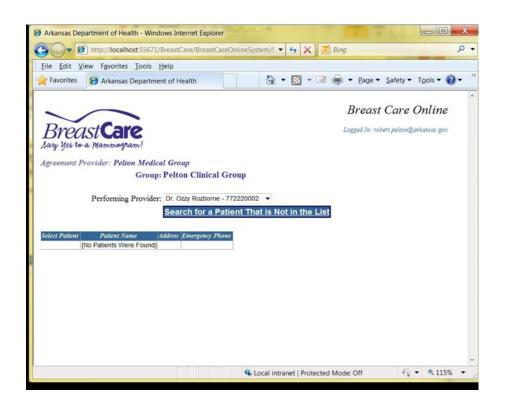


Figure 6

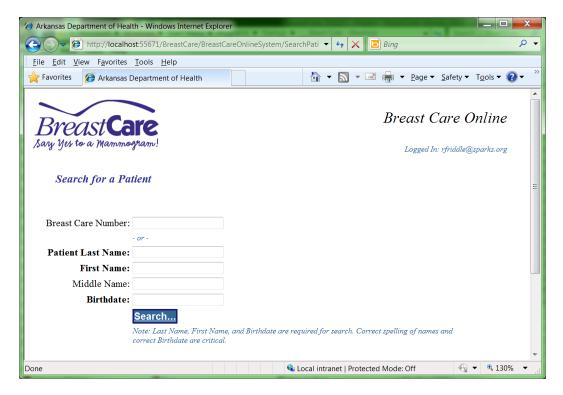


Figure 7

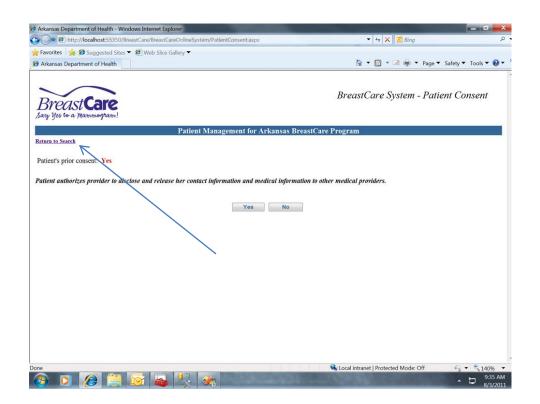


Figure 8

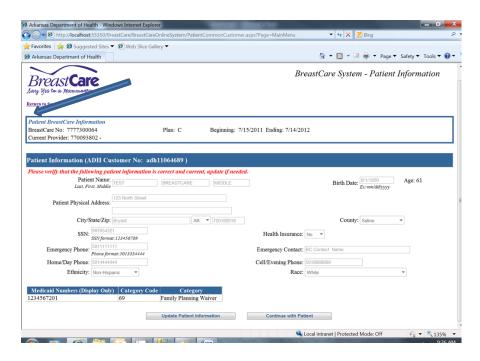


Figure 9

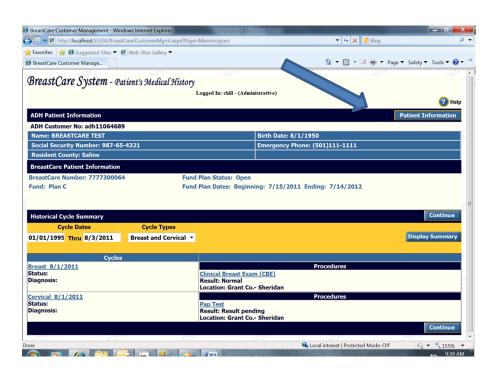


Figure 10

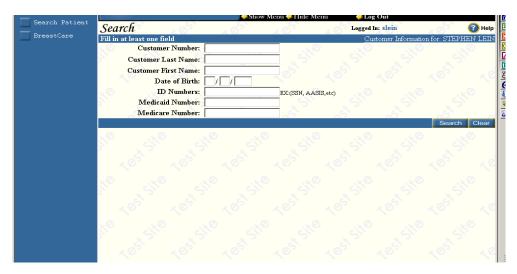
After the correct patient is located in the system non-ADH providers skip to page 24, "BreastCare Module".

Local Health Units

Access to Common Customer and the BreastCare Module requires that all users be appropriately role-mapped to both. To login to the "Health" site the user needs a PC with a network connection to the ADH intranet. Enter your username and password to log in. Contact the IT person in your region for assistance.

Patient Search

Enter patient name and date of birth or customer number into one or more of the search fields, then click the blue Search button located on the right side of the screen.



There are multiple scenarios that could occur after clicking the Search button:

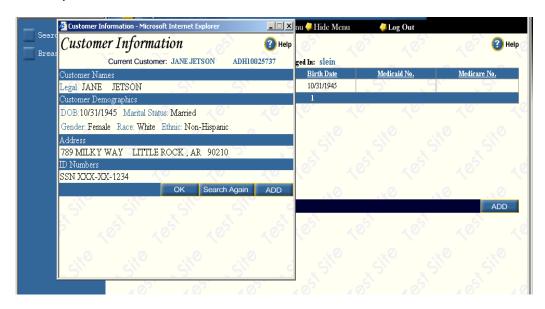
- The patient exists in the system and there is a single result displayed
- The patient exists in the system and there are multiple results displayed
- The patient does not exist in the system

Single result displayed

In this case the customer's first and last name is entered into the search fields. Then click the Search button.



When there is only one customer with this name in the system, the information pops up in a separate window:



Check to see if this is the correct customer. If this is the correct customer, click the blue "OK" button to accept. If this is not the correct customer click on the blue "Search Again" button to refine the search, or click on the blue "ADD" button to add the customer to the system.

For this example, this is the correct customer, so click the blue "OK" button. The Customer Information screen with basic demographic information about the customer is displayed. Click on the "BreastCare" button on the menu on the left of the screen.



To edit the demographics, click "edit" and a box opens allowing the gender, DOB, marital and insurance status to be changed. Click any yellow link to update that information.

Missing Information

All of the required customer information including the emergency phone number and customer's county of residence must be entered before accessing the BreastCare module. If any information is missing when the BreastCare button is clicked, a screen displays with red text indicating what actions to take to correct the problem.

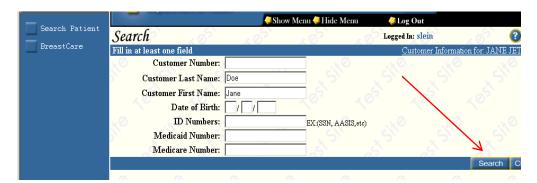


To return to the Common Customer System to make a correction, click on "Search Patient" on left menu then click on the patient's name that appears in the upper right

screen. The demographic information for the client can be added or changed. Make the appropriate modifications and click on the "BreastCare" button on the menu on the left.

Multiple results displayed

In this case the customer's first and last name is entered into the search fields. Then click the "Search" button.



A screen with a listing of all the customers with the same name displays.



It is possible to have not only multiple records, but multiple pages of records. For this example there is only one page of records. If multiple pages of records appear, return to the "Search Patient" screen and add more information to the search to narrow the number of choices. For example, if searching for a customer brings up three pages of records, add a date of birth (DOB) or Social Security Number in addition to the last name and first name.

In this example, there are 13 customers with the same name in the system. Scan the records for the correct DOB and/or click on the "INFO" link to see more details for each of the records. Either select one of the listed records or click the blue "ADD" button if none of the listed records match.

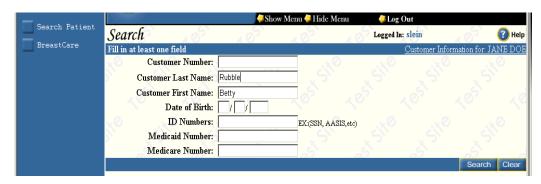
For this example, one of the records listed is selected. The remaining steps are the same as in the previous example. After the record is selected, click on the appropriate BreastCare button in the left margin to display the program module. Then click on the "Patient Management" link.

Merging Records

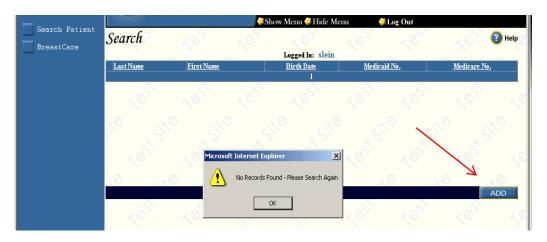
Multiple records may be found on the same patient. Verify that the records belong to the same patient by date of birth, Social Security number, address, etc. then combine the records so they will merge into one record. Enter the exact same information into each record paying attention to spelling of name, middle initial, marriage status, etc. The system will update the next working day and will merge the multiple records into one.

No results displayed

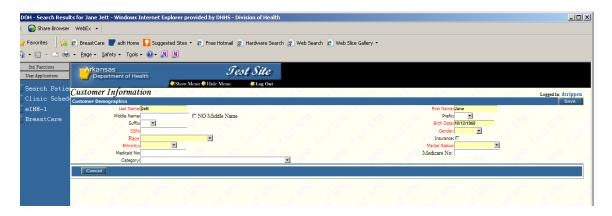
As with the previous examples, begin at the "Search Patient" screen. In this example, the system is searched for a customer's name that is not in the system.



The following message displays:



"No Records Found – Please Search Again". Click "OK" to continue. Click the blue "ADD" button on the right hand side of the screen to add this customer's name to the system.



Fill in the necessary fields. Note: the fields with yellow boxes are required fields for the Common Customer Database. The fields with red text are fields that are required for the BreastCare Module. If any of the yellow colored fields are left blank, the system halts and does not allow the user to proceed until the missing information is entered.



The missing fields are marked with a red asterisk and the errors are noted in red text at the bottom right hand side of the screen. Note: The SSN is not required but preferred. Enter the SSN in the appropriate field if the client has a SSN. After all the fields have been entered, click the blue "Save" button located in the upper right hand side of the screen to save the information

The following screen is displayed:



The next step is to add the customer's address. Locate the Address title on the left and follow the blue bar across to the right and click on the "ADD" button.



After clicking on the "ADD" button on the Address bar, the following screen displays:



The fields in yellow are the minimum information required to proceed.

If the address and zip code are in the Common Customer Database already the system automatically fills in the City, State, and County information.

If the address, valid or invalid, is not in the Common Customer Database, the system will not complete the city, state, and county.

If the address is valid and verified, the system will fill in the city, county, and state. If, as in our example, the address could not be verified, the system will display a message that address could not be verified.

ess - Microsoft Interne	t Explorer		_ 🗆 🗵
Verified			
123 Bedrock Lane	Address 2		
	State		•
90210	County		•
-X0			
Home 🔻			
Verify Address	Cancel Save As No	ot Verified	
	Verified 123 Bedrock Lane 90210 Home	Address 2 State 90210 County Home	Verified 123 Bedrock Lane State 90210 County

The user will then need to provide the following information:

- City
- State
- County

Make sure the county is correct before the address is verified.

After entering the information, the user has the choice of trying to verify the address again, canceling, or saving the record as not verified. If all the information has been entered and it is correct, click on the blue "Save As Not Verified" button to continue.



Next, add the customer's phone numbers to the database by clicking on the blue "ADD" button next to the Phone Numbers title.

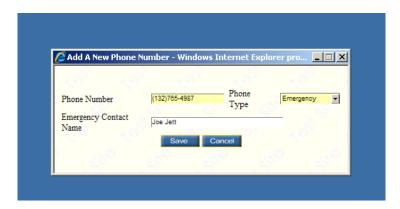


A new box displays the field for the phone number to be entered:

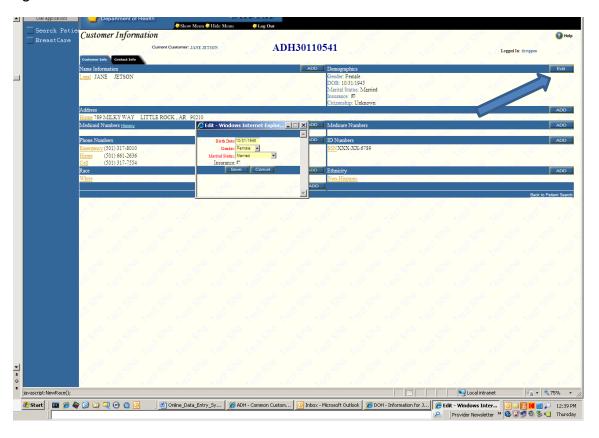


Enter the entire phone number without dashes or parenthesis, beginning with the area code. The system fills in the dashes and parenthesis. Select the type of phone number from the drop-down field on the right. Click the blue "Save" button when finished. If there are multiple phone numbers, click on the blue "ADD" button next to the Phone Numbers title bar to enter additional numbers.

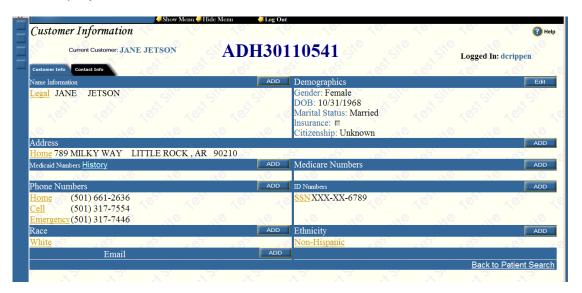
The BreastCare Module requires that an emergency phone number be entered to proceed beyond the initial screen. When the phone number is entered an emergency contact box will display and must be completed.



The customer's demographics can be changed by clicking on the "edit" button to the right of the screen.

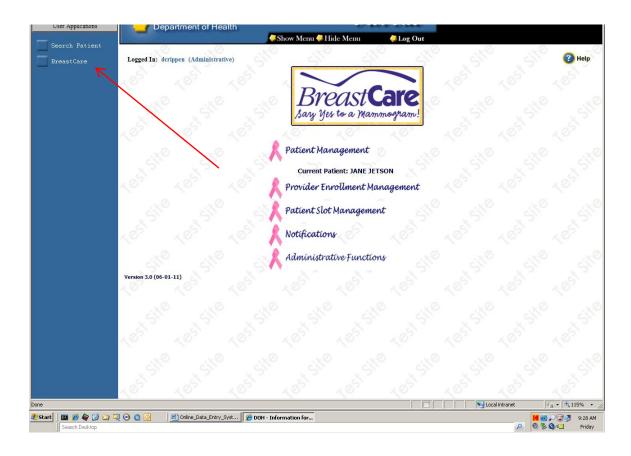


When complete, the following is an example of how the Customer Information screen should display:



BreastCare Module

If all the necessary information is present to proceed in the BreastCare Module, the BreastCare Module can be accessed by clicking on the blue "BreastCare" button in the upper left hand corner of the screen. Then click on the "Patient Management" link in the center of the page under the BreastCare logo.



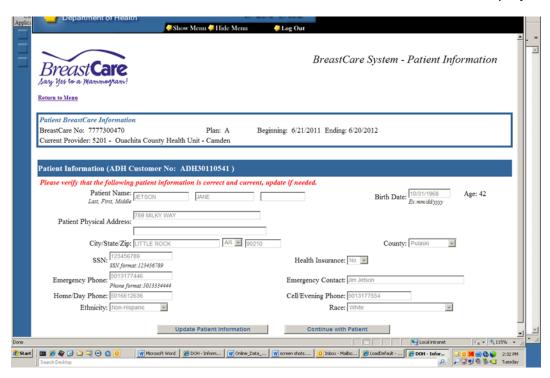
New Patient

Patient Information Screen

When the "Patient Management" button is clicked the Patient Information Screen displays. All patient information previously found in the database is auto-plugged in the appropriate fields on this screen. Any missing information must be updated by clicking "update patient information" at the bottom of the screen. Then click "save patient information". The Social Security Number and day and evening phone should be entered if they are available.

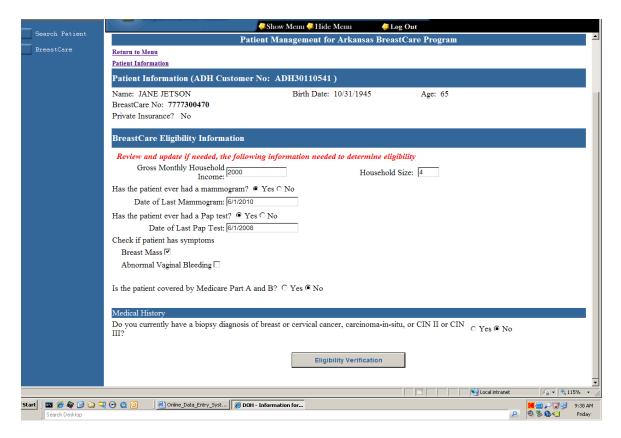
Verify the information on the Patient Information Screen below. Click "Update Patient Information" to enter the SSN and day and evening phone numbers if blank. The health insurance status may also be updated from this screen. When updates are made to this screen, click "Save Patient Information".

Click "Continue with Patient". The Patient Information Screen will display.



If all the information is up to date, click "Continue with Patient". The Patient Enrollment Screen will display.

Patient Enrollment Screen



Complete all blank fields:

Enter Date of Last Mammogram:

Enter Date of Last Pap Test:

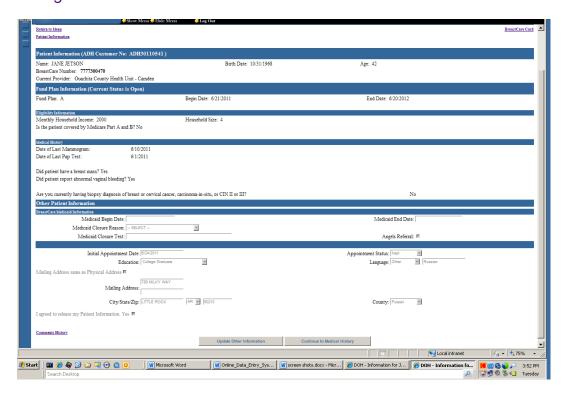
If the patient is symptomatic with breast mass or abnormal vaginal bleeding, check appropriate box.

Check appropriate answers for Medical History questions. Select "yes" for biopsy diagnosis of breast or cervical cancer.....only if the patient is currently needing treating.

Click "Eligibility Verification". A message with eligible or ineligible displays in red text.

The Patient Management Screen is displayed.

Patient Management Screen



The fund plan and eligibility dates are displayed as well as a summary of all patient information.

Click "Update Other Information" to update appointment date and status, language and education.

Enter initial appointment date for CBE and/or Pap test.

Select language from the dropdown box. If other is selected, enter the language.

Select education from the dropdown box.

Click "BreastCare Card" at top right of screen to print and give the patient her eligibility information. To enter a visit, click "Continue to Medical History" at the bottom of the screen.

Patient's Medical History

There are three main sections of the Patient's Medical History screen.

- ADH Customer Information
- BreastCare Patient Information
- Historical Cycle Summary

ADH Customer Information

This section contains information housed in the Common Customer Database. Any modifications or additions to this section will have to be completed outside of the BreastCare Module.

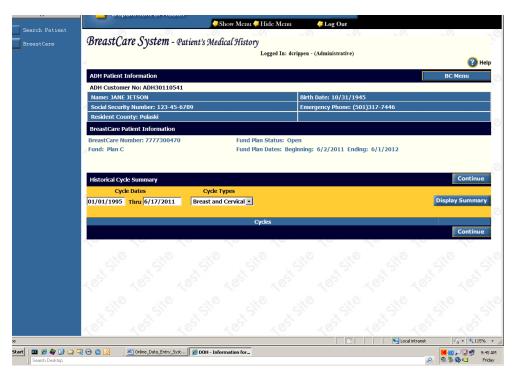
BreastCare Patient Information

This section contains three fields: the BreastCare number, plan, and customer status which are auto-assigned on enrollment.

Historical Cycle Summary

This section contains the customer's cycle information. There are several links located in this section that will take the user to more detailed information. Modifying the Cycle Dates and/or the Cycle Types fields can customize the information displayed in this section. These fields must be updated appropriately for each entry.

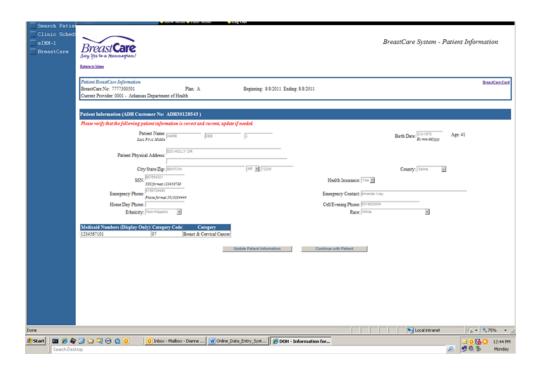
When the BreastCare patient has not already been entered into the system for a BreastCare visit, the Patient Management screen will display only the ADH Customer Information and the BreastCare patient information for that customer. The following is an example of a new patient with no BreastCare visits in the system. The Historical Cycle Summary is blank



Established Patient

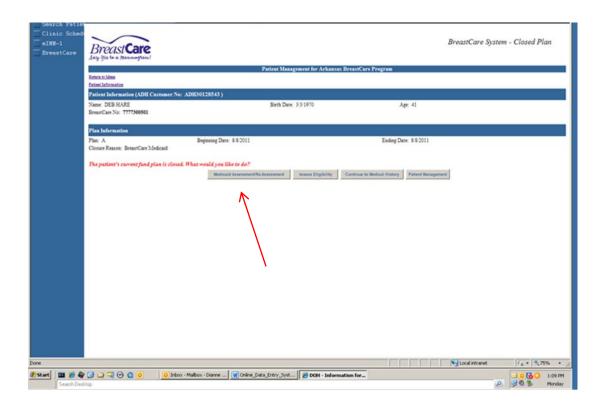
Patient Information Screen with Closed Plan

The following example is a closed plan due to the patient being on BreastCare Medicaid. The ending eligibility date is the same as the beginning because her BreastCare coverage has ended. All services will be covered by Medicaid. The Regional Care Coordinators reassess these patients annually or per policy to determine if they still meet income and insurance guidelines to qualify for continued Medicaid coverage.



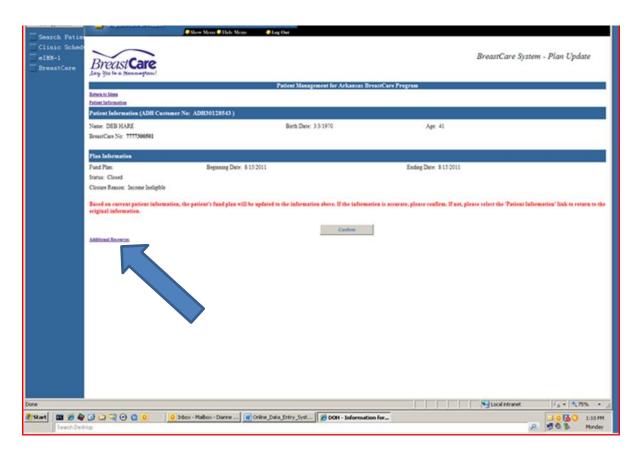
Closed Plan

When the plan is closed select one of the four options: Medicaid Assessment/Reassessment, Assess Eligibility, Continue to Medical History, or Patient Management. To assess newly diagnosed cancer patients for Medicaid or reassess the ones who are currently on Medicaid, select "Medicaid Assessment/Reassessment. If the patient's plan is closed for some other reason, select "Assess Eligibility". Select "Continue to Medical History" if test results need to be updated on a closed plan. Select "Patient Management" to get to the BreastCare Medicaid Information to enter a Beginning or ending Medicaid date or closure reason.



Ineligible Patient

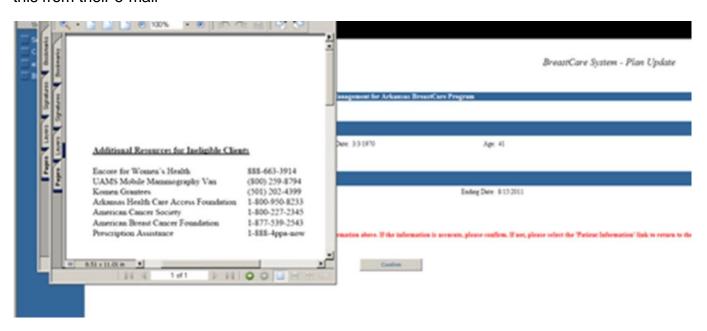
In this example the patient is being reassessed for Medicaid. She is now over income so the system updates her plan to closed due to income ineligible. Click "confirm" if the information is accurate. The patient will not continue to have Medicaid coverage. When a patient is ineligible for any reason give her a list of available resources. Click on the "available resources" link and print a list of resources that might be useful to the patient in finding additional help.



This patient was determined to be over income so she is no longer eligible for Medicaid. Her fund plan is closed.

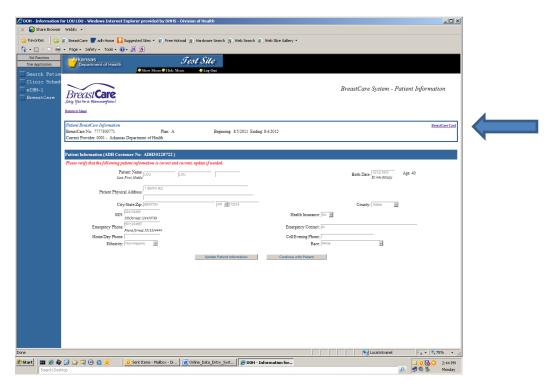
Available Resources

This is a list of available resources for ineligible patients. Non-ADH providers will print this from their e-mail



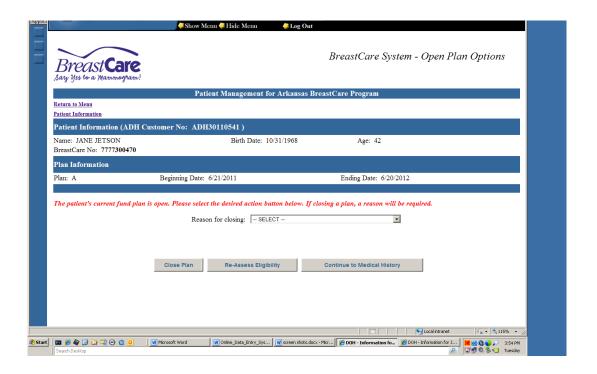
Patient Information Screen with Open Plan

The Patient Information Screen displays with the previous information from the patient's last enrollment cycle. Update the information if necessary. Click "Continue with Patient". To update procedures, results and recommendations, click "continue" on each screen until the Medical History button displays. **Note:** If a patient has lost her BreastCare ID card, it can be reprinted by clicking on the BreastCare Care link at the top right of this screen.



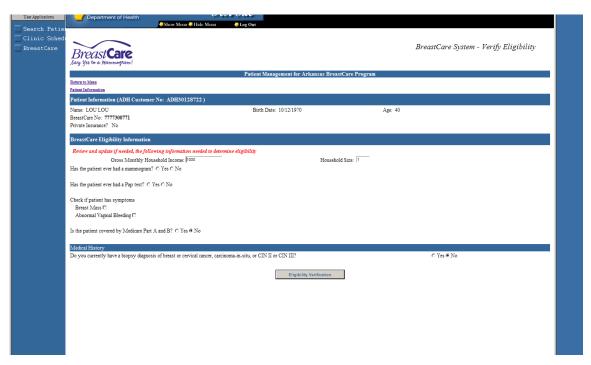
Open Plan Options Screen

The Open Plan Options Screen displays if the patient's plan is still open. If the plan needs to be closed, select "Close Plan". Select the reason for closing the plan from dropdown box. If it doesn't need to be closed, select "Re-assess Eligibility" for every face to face encounter with the patient. Select "Continue to Medical History" if a procedure needs to be scheduled or a test result needs to be entered. See screen below. This screen displays the patient's current Plan and eligibility date and indicates that the plan is open.



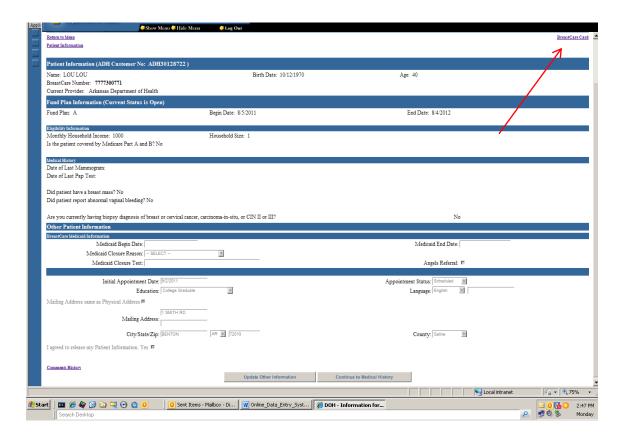
Verify Eligibility Screen

If the plan is not being closed the Verify Eligibility screen displays next. Update it if necessary with any new changes such as a change in income to determine eligibility and click on "Eligibility Verification". A message will appear that indicates if the patient is eligible or not eligible.



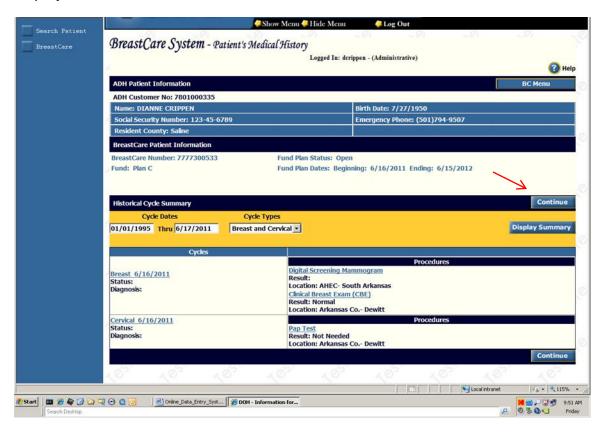
Patient Management Screen

This screen displays a summary of the patient information including the fund plan, eligibility dates and medical history. If the patient has cancer and has been placed on Medicaid category 07, the Medicaid begin and end dates and closure reason are entered in the BreastCare Medicaid Information section by the Regional Care Coordinators. The Angels Referral box is checked at the time of enrollment if the patient is a UAMS Angels patient. Enter any pertinent information that has not been collected in the "Comment History". A Medicaid patient's diagnosis and physician's name must be entered in the Comments History. Click on "Update Other Information" to enter an appointment date and appointment status or to update language and /or education.



Patient's Medical History

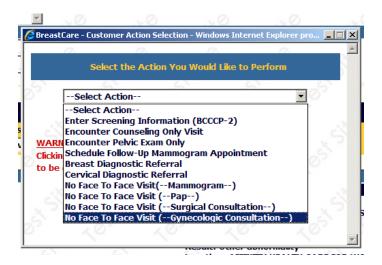
For an established patient that has been seen before their client data will display by breast and cervical cycles. To enter a visit for a CBE and/or Pap test click on the "continue" button right above the gold bar. Each time a visit for a CBE and or Pap test is entered on the Cycle Input page a breast and/or cervical cycle is created and displayed on the Historical Cycle Summary. Follow-up procedures are added by clicking on the breast or cervical cycle date link or by clicking on the procedures displayed in the Procedures section.



Click on "Continue" just above gold bar to enter a new visit.

A new action window called Customer Action Selection displays.

Customer Action Selection



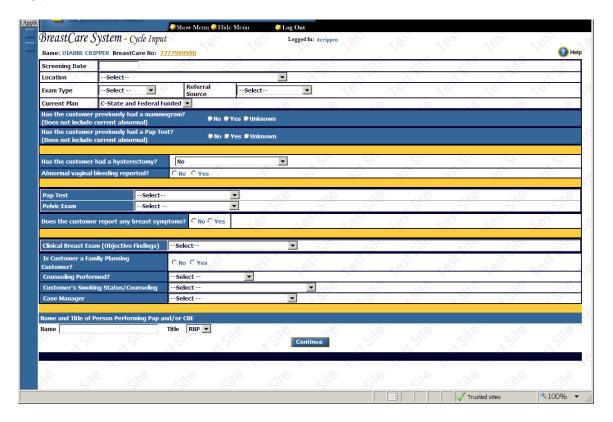
Use the drop-down arrow to select the type of action you wish to accomplish. After selecting the action, click on the blue "Continue" button. The actions are:

- Enter Screening Information
- Encounter Counseling Only visit
- Encounter Pelvic Exam Only
- Schedule Follow-Up Mammogram Appointment
- Breast Diagnostic Referral
- Cervical Diagnostic Referral
- No Face to Face Visit (Mammogram)
- No Face to Face Visit (Pap)
- No Face to Face Visit (Surgical Consultation)
- No Face to Face Visit (Gynecological Consultation)
- No Face to Face Visit (Ultrasound)

Entering Screening Information

Choosing this option allows the same information on the customer's medical record to be documented for the screening visit on the Cycle Input screen. This option is also used to document a visit for a follow-up Pap test or CBE.

The Cycle Input screen displays for completion of the data for the screening or follow-up visit .



Screening Date: Enter the date the client was screened with CBE and/or Pap test, omitting any dashes or slashes. See this example - 04012005.

Location: Enter the location (name of provider) where the client was screened. When selecting the Location, it is not necessary to scroll through the entire list to get to the provider's location. Optionally, the first letter of the location can be entered and the cursor will advance to the first entry with that letter. For example, typing "p" will advance the cursor to the first location beginning with the letter P.

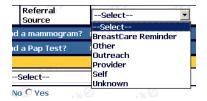
Exam Type: Enter initial or annual for screening exam visits. Enter follow-up if a patient is returning for a repeat Pap test or CBE.

Referral Source: When selecting the Referral Source, keep in mind the following:

Avoid selecting "Unknown". Use this as a last resort.

TV spots, fliers, health fairs, etc. should be coded as "Outreach".

Referred by a friend or relative should be coded as "Other".



Current Plan: System auto-plugs appropriate plan.

Previous Mammogram: Click "Yes" or "No". Clicking "Yes" will refresh the screen causing the screen to appear to "flash".

Previous Mammogram Date: This field will only appear on the screen if "Yes" is selected for the previous question. Enter the date of the previous mammogram. If the client gives only a partial date, enter a date as close as possible to the partial date given. For example, if the client gives "August last year", then enter 08012004. If only a year is known, enter January 1st of that year, i.e., 01012004.

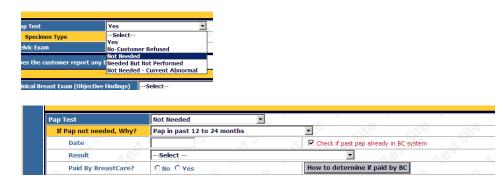
Previous Pap Test: Click "Yes" or "No". Clicking "Yes" will refresh the screen causing the screen to appear to "flash".

Previous Pap Test Date: This field will only appear on the screen if "Yes" is selected for the previous question. Enter the date of the previous pap test. If the client gives only a partial date, enter a date as close as possible to the partial date given. For example, if the client gives "August last year", then enter 08012004. If only a year is known, enter January 1st of that year, i.e., 01012004.

Hysterectomy Status: Enter the client's hysterectomy status.

Abnormal Vaginal Bleeding Reported: Was any abnormal vaginal bleeding reported by the patient?

Pap Test: Did the client receive a pap test on this visit? If "No, not needed" is selected, must enter reason not needed. If reason is "Past Pap in 12 – 24 months", user may select "Past Pap information in system". If this option is selected, previous Pap date and result is not entered.





Pelvic Exam: What are the results of the pelvic exam on this visit?

Breast Symptoms: Did the client report any breast symptoms on this visit?

Clinical Breast Exam: What are the objective results of the CBE by the clinician?

Family Planning: Is this BreastCare client also a Family Planning client?

Counseling Performed: Was any counseling performed? What type?

Customers Smoking Status/Counseling: Does customer smoke? If yes, was a referral made?

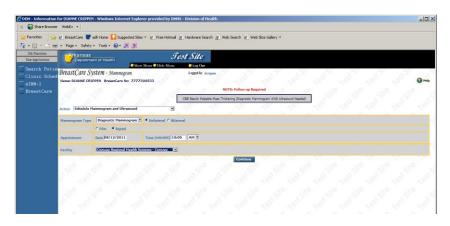
LHU BreastCare Case Manager: Enter the first and last name of the LHU BreastCare Case Manager in this field.

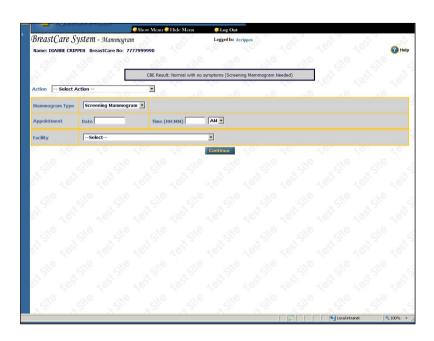
Name and title of person performing Pap/CBE: Enter the first and last name of the person administering either of these tests and their title.

Click the blue "Continue" button located at the bottom of the screen. Note: The date of the CBE begins the breast cycle and the date of the Pap test begins the cervical cycle.

Entering Mammogram Appointment

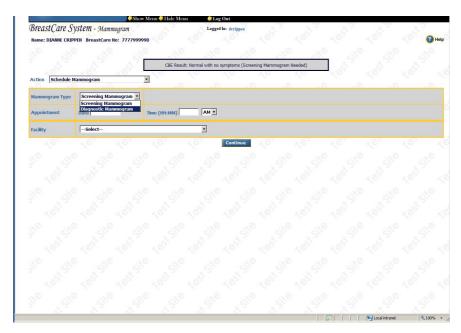
The Mammogram screen displays after the visit for Pap/CBE has been entered. The mammogram appointment must be entered at the same time that the visit is entered. Defer entering the visit until the mammogram appointment has been scheduled. When there is a palpable mass/thickening found on clinical breast exam, an ultrasound is automatically scheduled in the system for the same time and at the same facility. The mammogram and ultrasound will display as procedures for that cycle.





Action: Select the appropriate action: 1) schedule mammogram, 2) do not schedule mammogram, or 3) mammogram not needed.

Mammogram type: Select type of mammogram to be performed.



Appointment: Enter the date of the mammogram and/or ultrasound appointment.

Time (HH:MM): Enter the time of the mammogram or ultrasound appointment.

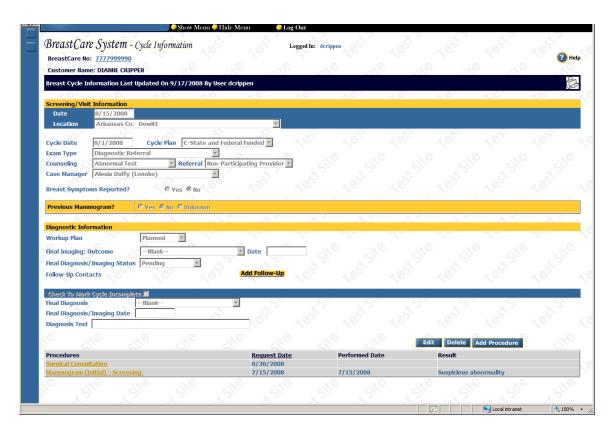
Facility: Select the name of the facility the mammogram and or ultrasound will be performed.

Click the blue "Continue" button to proceed.

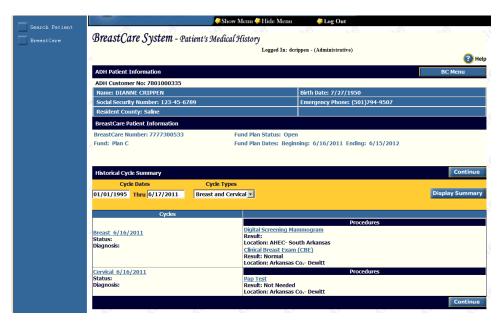
The visit has been completed. The Cycle Information screen will display.

Breast or Cervical Cycle Information

For specific details by date of each cycle go to the Customer Management screen. Click on "Breast Cycle" or "Cervical Cycle" for the date of service desired. This displays a summary of the screening location, exam type, cycle plan, symptoms reported, previous date of last mammogram or Pap, smoking status, workup plan, final imaging outcome (breast only), final diagnosis/imaging status, final diagnosis and date, follow up contacts, and a listing of all the procedures done in that cycle. The following is an example of a breast cycle.



Click on the BreastCare No: highlighted in blue to go back to the Patient's Medical History screen to verify that a breast and cervical cycle has been started if appropriate.

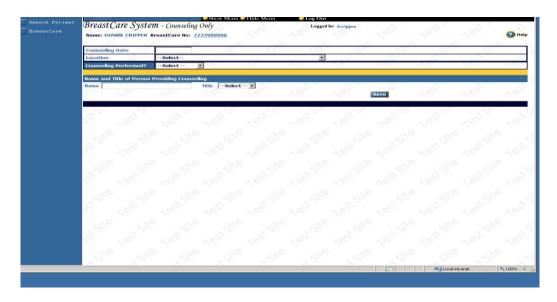


Counseling Visit Only

This action is selected when a patient is seen in the clinic only for counseling and no other BreastCare service is provided. Select "Encounter Counseling Only Visit".



The Counseling Only screen displays.



Counseling Date: Enter date of visit.

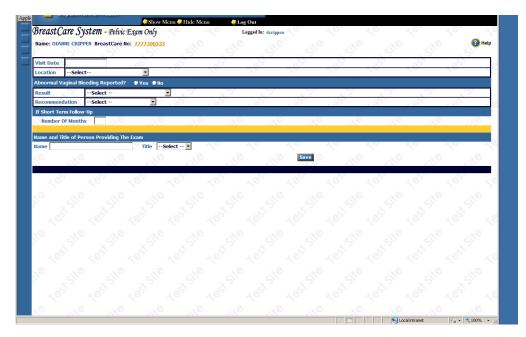
Location: Enter date of place counseling is provided.

Counseling Performed: Select one of the options for type of counseling.

Name and Title of Person Providing Counseling: Self-explanatory

Pelvic Exam Only

This option is selected when the patient is seen in the clinic with complaints that require only a pelvic exam.



Date: Enter date of visit.

Location: Select PCP location

Abnormal Vaginal Bleeding Reported: Select yes or no.

Result: Select result of exam from dropdown list.

Recommendation: Select recommendation from dropdown list.

Number of Months: Enter number of months for short term follow up.

Name and title: Enter name and title of clinician performing exam.

Click on "Save".

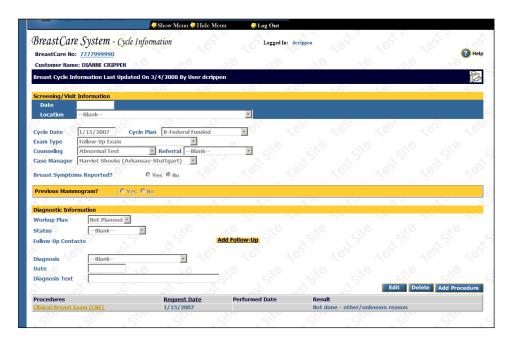
Schedule follow up mammogram

Select this option to schedule a 3-6 month follow up mammogram and or ultrasound. This mammogram will always begin a new cycle. Do not enter a follow-up mammogram as a diagnostic procedure in the same cycle as the previous mammogram.

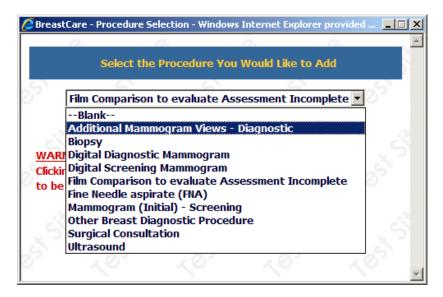


Diagnostic Procedure Information

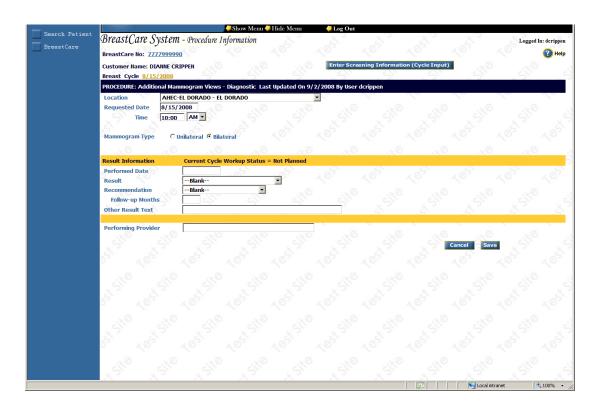
When there is an abnormal CBE, mammogram, or Pap test, additional diagnostic procedures must be scheduled. From the Customer Management screen, click on the appropriate breast or cervical cycle for the date of the procedure to be entered. The Cycle Information screen displays. Click on "Add Procedure" in the lower right-hand corner of the screen.



After clicking on "Add Procedure" a drop down box will display. From the drop down box, select the procedure to be added.



After selecting the appropriate procedure, the Procedure Information screen displays where location and date of appointment for that procedure is entered.



Location: Enter location of appointment

Requested Date: Enter date of appointment

Click on Save. The Procedure Information screen displays with the procedure information. See figure above. After the patient has kept the appointment, the performed date, result and recommendation is entered. Click on the procedure name. The Procedure screen will display.

Performed Date: After the appointment is kept, enter date procedure was performed.

Result: Enter Result of procedure or consult.

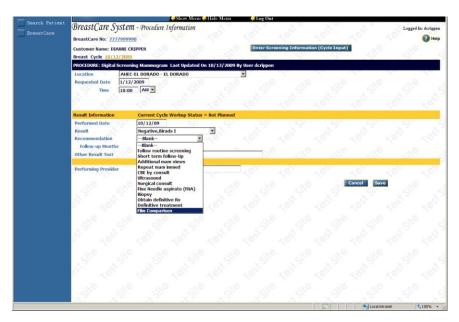
Recommendation: Enter the provider's recommendation for follow up

Months: If the recommendation is short term follow-up, enter the number of months the patient is to return for follow-up.

Click on Save. Repeat the same steps to enter an additional procedure.

Note: Click the Cycle Date at the top left to go to the Cycle Information screen. Be sure to check the Final Diagnosis/Imaging Status to make sure it is correct. The Final Diagnosis /Imaging Status sometimes must be changed manually. The Final Diagnosis /Imaging Status must display "complete" when follow-up for the cycle is completed.

NOTE: WHEN A FILM COMPARISON HAS BEEN RECOMMENDED AND PERFORMED, SELECT "FILM COMPARISON" TO ENTER THE PROCEDURE. ENTER THE RESULT OF "YES" IF THE FILM COMPARISON WAS DONE. IF FILM COMPARISON WAS RECOMMENDED BUT NOT DONE, ENTER RESULT OF "NO. IF IT IS NOT DONE AS RECOMMENDED, THE CYCLE WILL REMAIN PENDING.



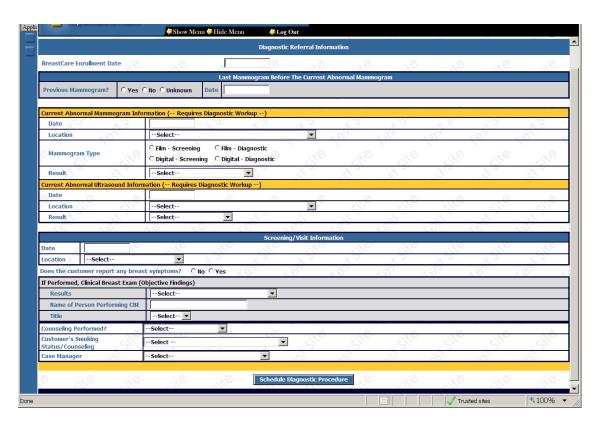
Breast Diagnostic Referral

When a patient has been referred for diagnostic evaluation of an abnormal mammogram, select "Breast Diagnostic Referral" from the customer action selection page. The Diagnostic Referral screen displays.



The purpose of the Diagnostic Referral screen is to document a referral when a patient has had an abnormal mammogram that was performed before she enrolled in BreastCare. A valid result and date for the abnormal mammogram must be documented. The BreastCare enrollment date will begin this screening cycle for a patient referred for a diagnostic breast evaluation. The date of the mammogram does not start the cycle. The Diagnostic Referral screen is completed to document the history of the abnormal procedure(s), and the visit to open a record and schedule the diagnostic procedure.

Completion of this screen creates a new cycle with a mammogram procedure. The Abnormal Ultrasound and Clinical Breast Exam sections are not required. However, if these sections are completed, the procedure is added to the breast cycle beginning with the BreastCare enrollment date.



To schedule a breast diagnostic procedure click "Schedule Diagnostic Procedure" button at the bottom of the screen. The Procedure screen will display. The procedures for Diagnostic Referral are entered the same as any other procedure.

Cervical Diagnostic Referral

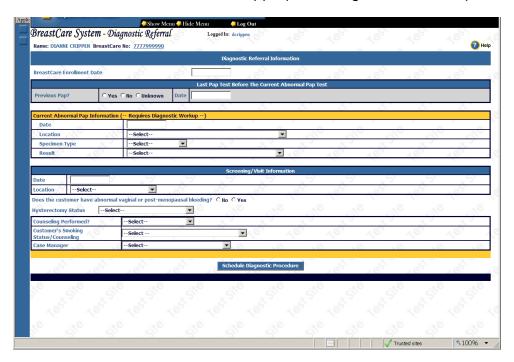
When a patient has been referred after having an abnormal Pap test, select "Cervical Diagnostic Referral" from the customer action selection screen. The Diagnostic Referral screen displays.



The purpose of this Diagnostic Referral screen is to document a referral when a patient has had an abnormal Pap test that was performed before she enrolled in BreastCare. A valid result and date for the abnormal Pap test must be documented. The BreastCare enrollment date will begin this screening cycle for a patient referred for a diagnostic cervical evaluation. The date of the Pap test does not start the cycle.

The Diagnostic Referral screen is completed to document the history of the abnormal Pap test, to document the visit to open a record and to schedule a diagnostic procedure.

The Diagnostic Referral screen displays for cervical information. Click on "Schedule Diagnostic Procedure" to schedule the appropriate diagnostic cervical procedure.



Cervical Diagnostic Referral

BreastCare - Diagnostic Referral Enter diagnostic referral on this screen

BreastCare Enrollment Date Enter the BreastCare Enrollment Date

from the patient's BreastCare

Identification card

Prior Abnormal Pap Information Enter date of abnormal Pap for

which patient was referred. Select location where the abnormal Pap was performed from the drop down box. Select liquid-based or conventional for specimen type from drop down box. Select result of abnormal Pap from the drop

down box.

Screening/Visit Information Enter date that patient is being

seen in the LHU for diagnostic follow-up. Enter location of LHU from drop down box. Does the

customer have abnormal vaginal Check

or post-menopausal bleeding?

Hysterectomy Status Select appropriate answer from

drop down box

Counseling Performed Select appropriate answer from

drop down box

Customers Smoking Status/Counseling Select "yes" or "no". If patient smokes,

refer to Tobacco Quit Line

Case Manager Select the name of LHU case

manager from the drop down box.

Schedule Diagnostic Procedure Click on this button to schedule

diagnostic procedure.

Breast Diagnostic Referral

Yes or No

Prior Abnormal Mammogram Information: Enter date of abnormal

mammogram for which patient was referred. Select location where the abnormal mammogram was performed from the drop

down box.

Mammogram type: Select screening or diagnostic

Select result of abnormal

mammogram from the drop down

box.

Prior Abnormal Ultrasound Information: Enter date of abnormal ultrasound for

which patient was referred. This is not a required section. Select location where the abnormal ultrasound was performed

from the drop down box.

Select result of abnormal ultrasound

from the drop down box.

Screening/Visit Information: Enter date that patient is being

seen in the LHU for diagnostic

follow-up.

Enter location of LHU from drop

down box.

Does the customer report any breast symptoms? Select Yes or No.

If Performed, Clinical Breast Exam (Objective

Findings)

If a CBE is performed on the date of the patient's visit, select the CBE result from the drop down

box.

Enter the name and title of person

performing CBE.

Counseling Performed?

Select type of counseling p performed from the drop down box.

Customers Smoking Status/Counseling

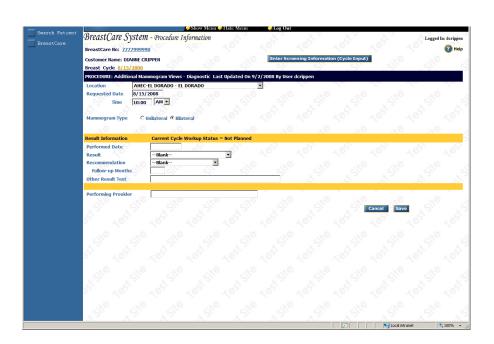
Select "yes" or "no". If customer smokes, refer to Tobacco Quit Line.

Case Manager

Select the name of the LHU case manager from the drop down box.

Schedule Diagnostic Procedure

Click on this button to schedule a diagnostic procedure.



Pap Test On Same Date As Breast Diagnostic Visit

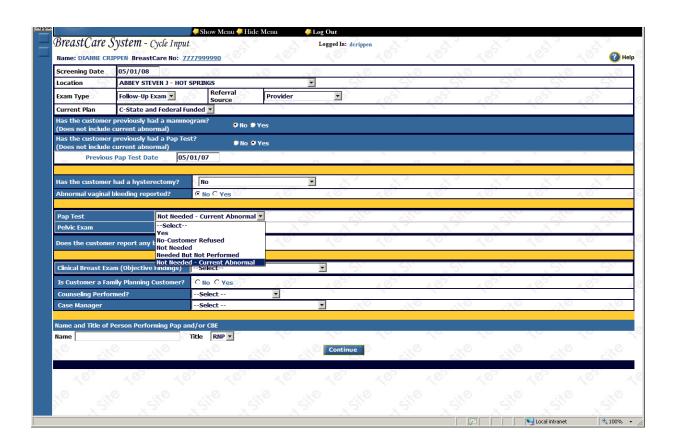
The diagnostic referral information is entered within 5 days of the visit. If a patient is referred for breast diagnostic evaluation and needs a Pap test on the same visit, click on "Enter Screening Information (Cycle Input)" just to the right of Customer Name. The Pap test is entered on the Cycle Input page as usual. See pages 24-25. Select "Not

Needed – Current Abnormal" for Clinical Breast Exam (Objective Findings) result when entering Pap test on same date as breast diagnostic referral date.



CBE and Mammogram Appointment on Same Date As the Cervical Diagnostic Visit

If a patient is referred for cervical diagnostic evaluation and needs a CBE on the same visit, click on "Enter Screening Information (Cycle Input)" just to the right of Customer Name. The CBE is entered on the Cycle Input screen as usual. The mammogram is scheduled on the Mammogram screen as usual. See pages 24-26. Enter "Not Needed – Current Abnormal" for Pap test result on same date as CBE is performed.

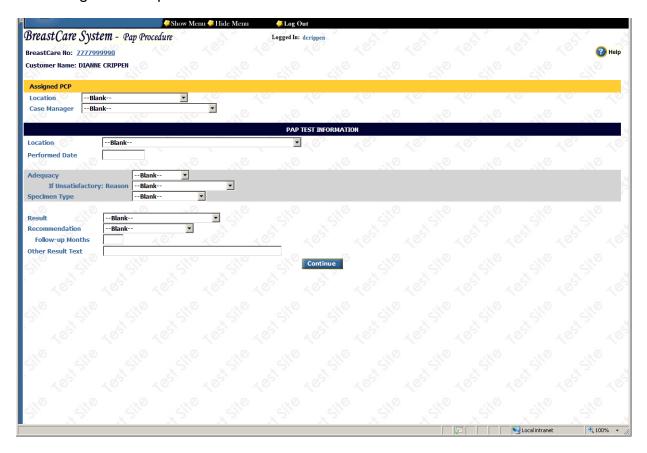


No Face to Face Visits

Services that clients receive that their primary care provider (PCP) did not schedule are documented in the database by "No Face to Face Visits".

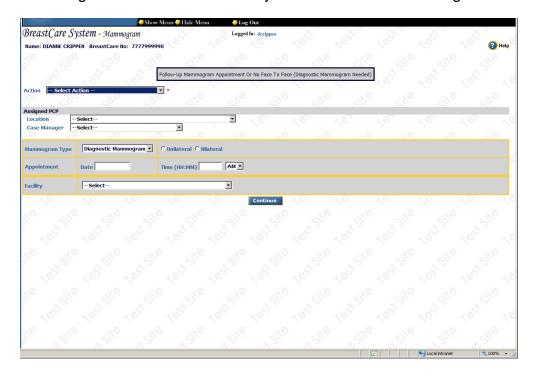
No Face to Face Visit (Pap)

This screen is displayed if the customer action selected is "No Face to Face visit (Pap)". A cervical cycle will be started with a Pap performed by a provider other than the Screening Location provider.



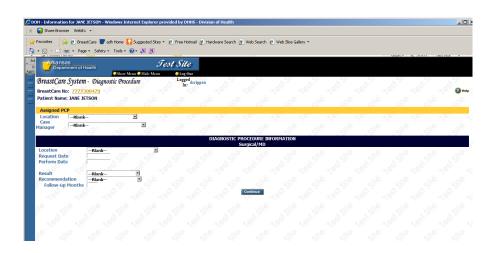
No Face to Face Visit (Mammogram)

This screen is displayed if the customer action selected is "No Face to Face Visit (mammogram)". A breast cycle will be started with the date of the mammogram performed. Choose this option when the customer was not screened and the mammogram was not scheduled by the BreastCare Screening Location.



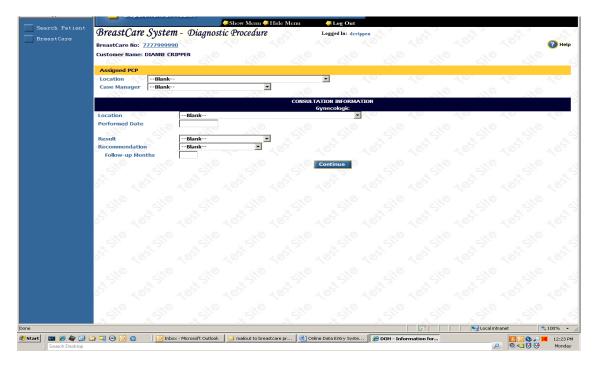
No Face to Face Visit (Surgical Consult)

This screen displays when the customer action selected is "No Face to Face (Surgical Consult)



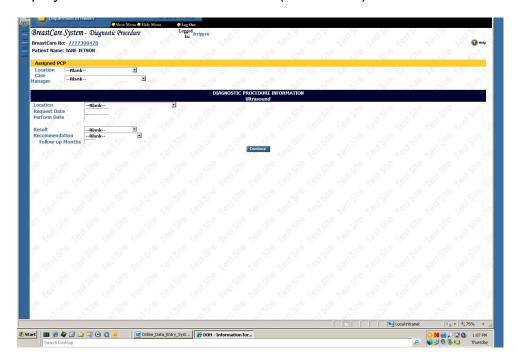
No Face to Face Visit (Gynecological Consultation)

This screen displays when "No Face to Face visit (Gynecological Consultation)" is selected.



No Face to Face Visit (Ultrasound)

This screen displays when "No Face to Face Visit (Ultrasound) is selected.



Cancer Diagnosis and Treatment Information

Patients diagnosed with cancer and/or treatment is received through BreastCare Medicaidare placed in either Plan A, C, or M. Patients in Plan A, C, and M have no credible insurance to cover treatment. These patients are transitioned to Medicaid category 07 for treatment services.

Plans A and C

Screening information and diagnostic procedures for patients in Plan A and C will already be in the system when the diagnosis of cancer is obtained. The biopsy result will automatically plug the final diagnosis. The Care Coordinator must enter the treatment start date, type of treatment, tumor size, and stage. If the patient is Medicaid eligible, she is transitioned to Medicaid to cover treatment.

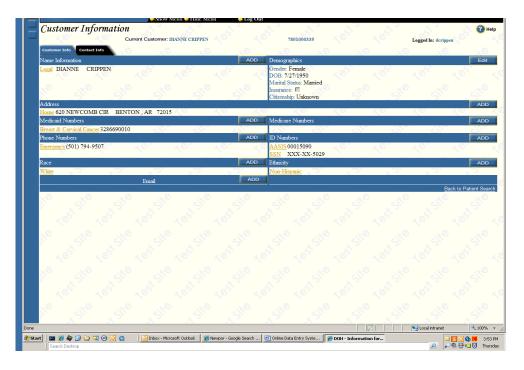
NOTE: PATIENTS DIAGNOSED WITH BREAST OR CERVICAL CANCER OR CIN II OR III MUST BE REFERRED TO THE CARE COORDINATOR.

Plan M

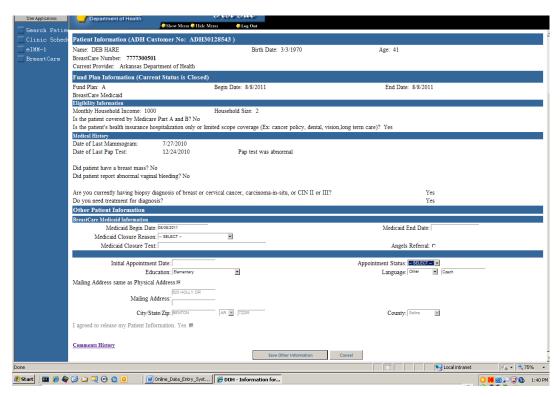
To be used by Regional Care Coordinators and BreastCare Case Managers only

Plan M patients have already been diagnosed when determined eligible for Medicaid category 07. The following steps are taken to enter the diagnostic procedure and treatment information into the online system for Plan M.

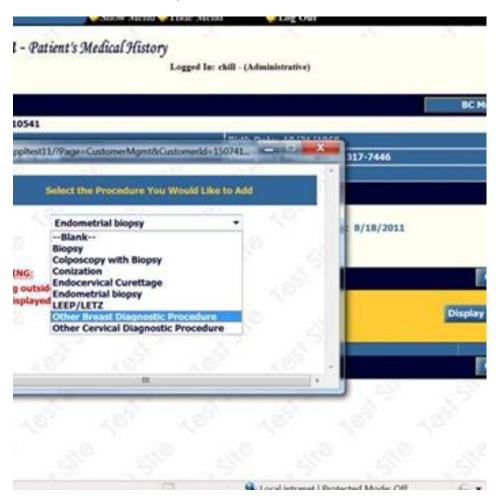
- 1. Search for the correct customer in the system or add demographic information for a new customer,
- 2. Enter the customer's Medicaid number on the Customer Information Page.



- Follow same steps as usual for any other BreastCare customer to get to the Patient Management Page.
- 4. Click "Update Other Information.
- 5. Enter Medicaid begin date

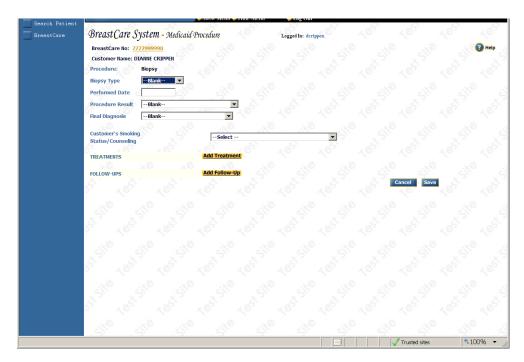


The Procedure Page will display. Select the diagnostic procedure that was performed on the date of diagnosis. If the specific procedure is not listed, select "Other Breast Diagnostic Procedures" or "Other Cervical Diagnostic Procedures". Screening information is not entered for Plan M patients.

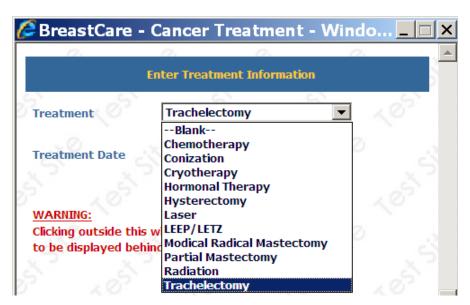


Entering Treatment Information

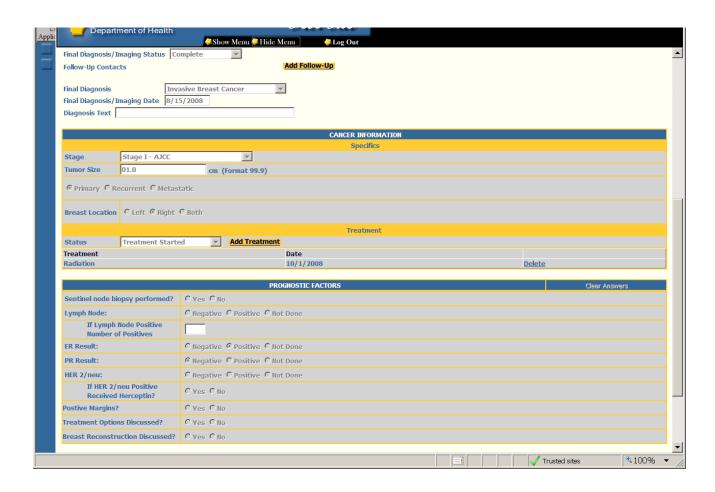
Enter performed date, result, final diagnosis, and customer's smoking status. Click "Add treatment" on the Procedure screen.



Treatment box will appear. Select appropriate treatment.



Enter stage and tumor size, treatment status, start date. Enter prognostic factors when available. Click on BreastCare number at the top of the page to return to the Patient's Medical History.



Reports and notifications

These reports can be run by specific time periods or can include all patients to assist with tracking and follow-up of abnormal test results and data completeness.



Overdue Diagnosis

This report lists abnormal Pap tests and mammograms that have a pending final diagnosis. The cycle is incomplete.

Overdue Results

This report lists Pap test and mammograms that were scheduled but have no results in the system. The cycle is incomplete.

Cancer Diagnosis

This report lists patients with missing stage and tumor size. Cancer information is incomplete.

Diagnosis Statuses

This report lists patients who are Lost To Follow-up (LTFU) or have refused follow-up services.

Overdue Treatments

This report lists cancer patients with missing treatment status and treatment start date. Treatment information is incomplete.